

# Rutherford County Sheriff's Office

198 North Washington Street, Rutherfordton, NC 28139  
Fax: (828) 287-1230

Chris Francis, Sheriff  
(828) 287-6472

Det. Justin T. McCluney  
(828) 287-1206

## Checklist for Renewal of a Concealed Weapons Permit Application

An appointment for the application process is mandatory.

Please contact Detective Justin T. McCluney at (828) 287-1206 to set up your appointment.

You will need to bring to your appointment all of the items on this checklist:

- ☐ Application for Concealed Weapons Permit filled out completely and notarized.
- ☐ Medical Release Form must be filled out completely and notarized.
- ☐ Renewal Affidavit must be filled out completely and notarized.
- ☐ The "Do's and Don'ts" document, signed and dated. *(It does not need to be notarized.)*
- ☐ A photocopy of your driver's license.
- ☐ If you have been discharged from the military, a copy of discharge certificate or papers is mandatory *(i.e. DD-214)*. If you have lost or misplaced your records, they may be obtained at the following internet address: <http://www.archives.gov/veterans/evetrecs/index.html>
- ☐ \$85 in cash. It must be exact change, no checks or credit cards will be accepted.

You must be fingerprinted, so allow yourself some time when scheduling the appointment for the application process. If you do not have all of the items that is applicable on this checklist or if all paperwork is not completely filled out and notarized as necessary, approval of your Concealed Weapon permit may be delayed, and another appointment may be necessary.

You may contact Det. McCluney at (828) 287-1206 or via e-mail at [justin.mccluney@rutherfordcountync.gov](mailto:justin.mccluney@rutherfordcountync.gov) regarding an appointment.

### Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Directions:** Your appointment, unless otherwise noted, will be at the Rutherford County Sheriff's Office located at 198 N. Washington Street in Rutherfordton. The Sheriff's Office is located next to the Courthouse. Please come in through the glass doors and speak with the administrative assistant to advise her you are here for your Concealed Weapons Application appointment.

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurors .....N.C.G.S. § 14-225.2
2. Violation of court orders .....N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilities.....N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property .....N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed .....N.C.G.S. § 14-269.3
6. Carry weapons on state property and courthouses .....N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives .....N.C.G.S. § 14-269.6
8. Impersonation of a fireman or emergency medical services personnel .....N.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officer.....N.C.G.S. § 14-277
10. Communicating threats.....N.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatherings .....N.C.G.S. § 14-277.2
12. Stalking .....N.C.G.S. § 14-277.3
13. Stalking .....N.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting events .....N.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombs .....N.C.G.S. § 14-283
16. Rioting and inciting a riot .....N.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violence .....N.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peace.....N.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergency.....N.C.G.S. § 14-288.6
20. Assault on emergency personnel .....N.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinances.....N.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinances .....N.C.G.S. § 14-288.13
23. Violations of state of emergency ordinances .....N.C.G.S. § 14-288.14
24. Child abuse.....N.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weapon .....N.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officers .....N.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

**SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this concealed handgun permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No concealed handgun permit will be denied for failure to disclose a social security number.



<b>STATE OF NORTH CAROLINA</b>				<b>APPLICATION FOR CONCEALED HANDGUN PERMIT</b>			
Name of Applicant (Last, First, Middle, Maiden) ► Attach listing of all previous addresses and all name changes including location and court file number <i>(If Applicable)</i>				<input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL PERMIT <input type="checkbox"/> DUPLICATE <input type="checkbox"/> EMERGENCY TEMPORARY PERMIT			
Street Address				Date of Birth		Social Security Number <i>(See Notification on page 3)</i>	
City		State		Zip Code		Driver's License Number <i>(State ID Number if no driver's license)</i>	
Mailing Address				Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race    Sex    Hair	
Telephone Number		County of Residence		Eyes    Height    Weight		Other Physical Description	
<b>APPLICATION</b>							
<p><b>I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.</b></p> <p style="text-align: right;"><i>(Check Appropriate Boxes)</i></p> <ol style="list-style-type: none"> <li>1. Are you a citizen of the United States? <span style="float: right;">(1)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>2. Are you 21 years of age or older? <span style="float: right;">(2)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? <span style="float: right;">(3)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? <span style="float: right;">(4)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ► <i>If Yes, attach documentation</i> <span style="float: right;">(5)    <input type="checkbox"/> Yes    <input type="checkbox"/> No*</span></li> <li style="padding-left: 20px;">* If No: Do you meet the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? <span style="float: right;">*    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li style="padding-left: 40px;">► <i>If Yes, attach documentation</i></li> <li>6. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? <span style="float: right;">(6)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? <span style="float: right;">(7)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>8. Have you been adjudicated guilty in any court of a felony? <span style="float: right;">(8)    <input type="checkbox"/> Yes*    <input type="checkbox"/> No</span></li> <li style="padding-left: 20px;">* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? <span style="float: right;">*    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li style="padding-left: 40px;">► <i>If Yes, attach documentation</i></li> <li>9. Are you a fugitive from justice? <span style="float: right;">(9)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? <span style="float: right;">(10)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? <span style="float: right;">(11)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? <span style="float: right;">(12)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed page 3 of this form? ► <i>See "List of Disqualifying Criminal Offenses" on page 3</i> <span style="float: right;">(13)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? <span style="float: right;">(14)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? <span style="float: right;">(15)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <li>16. Have you been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? <span style="float: right;">(16)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> </ol>							

☐ I hereby apply for temporary emergency permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

**SWORN TO AND SUBSCRIBED TO BEFORE ME**

Date

Date

Signature of Person Authorized to Administer Oaths

Signature of Applicant

Title

Date Commission Expires

**SEAL**

**CAUTION**

Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.

**SHERIFF USE ONLY**

Check List — check applicable boxes

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 1. Nonrefundable permit fee paid .....  | <input type="checkbox"/> | 8. Date issued Temporary Permit: .....   | <input type="checkbox"/> |
| 2. One full set of fingerprints administered by the Sheriff's Office .....                | <input type="checkbox"/> | 9. Date denied Temporary Permit: .....   | <input type="checkbox"/> |
| 3. Original certificate of completion of approved firearms safety & training course ..... | <input type="checkbox"/> | 10. Date issued Permit: .....            | <input type="checkbox"/> |
| 4. Renewal –Waiver of Application Firearm Safety & Training Course .....                  | <input type="checkbox"/> | Permit Number: .....                     |                          |
| 5. Attachment(s) (specify): .....   | <input type="checkbox"/> | 11. Date denied Permit: .....            | <input type="checkbox"/> |
| 6. Temporary documentation .....  | <input type="checkbox"/> | 12. Date submitted to SBI: .....         | <input type="checkbox"/> |
| 7. Other: .....   | <input type="checkbox"/> | 13. NICS Transaction Number (NTN): ..... | <input type="checkbox"/> |

Signature of Sheriff: \_\_\_\_\_

Original – Sheriff / Copy – SBI / Copy – Applicant



STATE OF NORTH CAROLINA  
COUNTY OF RUTHERFORD

IN THE MATTER OF THE CONCEALED HANDGUN PERMIT  
RENEWAL OF:

AFFIDAVIT

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PERMIT NUMBER)

I currently hold a concealed handgun permit with Rutherford County originally issued on \_\_\_\_\_ (date).

Pursuant to NCGS 14-415.16, I am hereby making timely application for the renewal of this permit. I hereby affirm that I remain qualified to possess this permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the North Carolina General Statutes. Specifically, I affirm that:

- ☐ I have successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force or am otherwise exempted from this course.
- ☐ I am eligible to own, possess, or receive a firearm under the provisions of state and federal law.
- ☐ I am not under indictment nor has any finding of probable cause been entered for a pending felony charge.
- ☐ I have not been adjudicated guilty in any court of a felony.
- ☐ I am not a fugitive from justice.
- ☐ I am not an unlawful user of, or addicted to marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802.
- ☐ I am not currently, and have not previously been adjudicated or administratively determined to be lacking mental capacity or mentally ill.
- ☐ I have not been discharged from the US armed forces under dishonorable conditions.
- ☐ I have not been adjudicated guilty of or received a prayer for judgment continued or suspended sentence for one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on an attachment (on the back of this form) to this form.
- ☐ I have not had an entry of a prayer for judgment continued for a criminal offense which could disqualify me from obtaining a concealed handgun permit.
- ☐ I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a crime, which would disqualify me from obtaining a concealed handgun permit.
- ☐ I have not been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2 or 20-138.3 within three years prior to the date of this affidavit.
- ☐ I am 21 years of age or older.
- ☐ I am a citizen of the United States.
- ☐ I am a current resident of North Carolina and have lived here 30 days or longer prior to this renewal application.
- ☐ I do not have a physical or mental infirmity that prevents the safe handling of a handgun.
- ☐ I have not violated any of the standards for carrying a concealed handgun with this permit as set forth in Article 54B of Chapter 14 of the North Carolina General Statutes.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Signature \_\_\_\_\_

State of North Carolina

County of \_\_\_\_\_

Sworn and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

My Commission expires \_\_\_\_\_.

## DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

- Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
- When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
- At the request of any law enforcement officer, you **must** display both the permit and valid identification.
- You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
- You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
- If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
- Even with a permit, you may **not** carry a concealed handgun in the following areas:
  - Any law enforcement or correctional facility;
  - Any space occupied by state or federal employees;
  - Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  - Public educational property, however a permittee may secure a handgun in a locked vehicle;
  - Areas of assemblies or demonstrations;
  - State occupied property;
  - Any state or federal courthouse;
  - Any area prohibited by federal law;
  - Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
- If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.
- All laws are subject to change and it is **your** sole responsibility to stay informed of all laws.

I, \_\_\_\_\_, have read and I understand the Do's and  
(Print Your Full Name)

**Don'ts of carrying a concealed handgun, and the Disqualifying Criminal Offenses**

**pursuant to N.C. General Statute § 14-415.12 (b)(8).**

**Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_



<b>STATE OF NORTH CAROLINA</b> <b>Rutherford County</b>	<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider
Woodridge Psychological Associates	Post Office Box 878, Rutherfordton, NC 28139
Rutherford Regional Health System	288 S. Ridgecrest Avenue, Rutherfordton, NC 28139
Rutherford Psychological	563 Old Caroleen Road, Forest City, NC 28043
Smokey Mountain Center	200 Ridgefield Court, Ste. 206, Asheville, NC 28806
Department of Veteran Affairs	1100 Tunnel Road, Asheville, NC 28805
Rutherford County Clerk of Court	229 N. Main Street, Rutherfordton, NC 28139
Accordance Psychological Associates	270 North Toms Street, Rutherfordton, NC 28139
Insight Psychiatric Resources	393 Oak Street, Spindale, NC 28160
Family Preservation	356 Charlotte Road, Rutherfordton, NC 28139
Lifeline Counseling Center	373 West Main Street, Forest City, NC 28043
Broughton Hospital	1000 South Sterling Street, Morganton, NC 28655
J. F. K. Alcohol & Drug Abuse Treatment Center (ADATC)	201 Tabernacle Road, Black Mountain, NC 28711

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		<b>SEAL</b>
<i>Date Commission Expires</i>		